



Rose Award

**For a Non-Traditional Student
Zonta of Johnson County, TX**

SELECTION CRITERIA:

1. Recipient must be a single female parent Head of Household (as defined by IRS definition), who is the primary wage earner of the family.
2. **Applicants should be individuals pursuing post high school training or certification programs not necessarily requiring a baccalaureate degree.**
3. The recipient must use the award to attend an educational institution that is accredited and normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance at the place where its educational activities are regularly carried on. This award can fund a certification program such as law enforcement or fire training education at a technical/trade school or a community college.
4. Financial need is determined by consideration of annual family income.
5. Recipient must be a resident of the Johnson County, TX

*Classified members (club members and individuals with direct membership with Zonta International) and employees of Zonta International and Zonta International Foundation, and their family members (ancestors, descendants, adoptees, siblings, nieces or cousins, and those of their spouse or co-inhabiting partner) are not eligible to apply.

APPLICATION PROCEDURES:

1. Complete the award application fully and neatly and submit as a PDF preferably by email.
2. Enter your name on all evaluation forms.
3. Solicit letters of recommendation from three people not related to you who know you well. Have references send the forms directly to the Zonta contact listed below before the deadline.
4. Prepare the "Financial Fact Sheet" documenting a proof of need, and turn it in with your completed application to the Zonta contact before the deadline
5. Submit a completed copy of the family's **Income Tax** return used in preparing the "fact sheet." **This can be from your last tax return.**

SELECTION COMMITTEE:

The Zonta Club of Johnson County, TX will choose the local winner. That application will then be sent to Zonta District 10 for a chance to receive an additional scholarship.

AWARD:

The award is \$1,000 paid to the recipient for any expenses that support the achievement of post high school training or certification programs not necessarily requiring a baccalaureate degree.

SUBMISSION DEADLINE: March 23, 2026

APPLICANT NAME:

Contact:

Lisa Chandler

zonta.johnsonco@gmail.com

817.202.7560

PERSONAL DATA:

Name of Student _____

Phone _____ Email _____

Address _____ Zip _____

Date of Birth: _____ Marital Status: _____ #Dependents _____

Names and ages of dependents _____

Citizenship (for tax purposes): United States _____ Other _____

EDUCATIONAL BACKGROUND:

High School: _____

Date of Graduation: _____ Grade Point Average: _____

School Presently Attending: _____

Address: _____

Current Year: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ N/A

Cumulative Grade Point Average: _____ Expected Date of Completion: _____

FINANCIAL DATA :

Do you receive income from your family (parent(s) or child support) ? Y/N Monthly amount _____

Are you presently receiving financial assistance from any other source? _____

Please disclose source and amount: _____

APPLICANT NAME:

Present Employer: _____ Salary: _____

Address: _____ Zip: _____

WORK EXPERIENCE: List below all work experience starting with the most recent.

_____ from _____ to _____

_____ from _____ to _____

_____ from _____ to _____

_____ from _____ to _____

COMMUNITY SERVICE ACTIVITIES: Please list all the community activities in which you have been involved.

REFERENCES:

List names and addresses of persons submitting references:

Academic Reference

Name: _____ Phone: _____ E-Mail: _____

Employer Reference (current or former)

Name: _____ Phone: _____ E-Mail: _____

Character Reference

Name: _____ Phone: _____ E-Mail: _____

APPLICANT NAME:

STATEMENT OF ECONOMIC NEED AND CAREER PLANS: Please attach (300 words or less) a paragraph that describes your career and educational goals and a statement of need for financial assistance.

APPLICANT NAME:

FINANCIAL FACT SHEET

Student Name: _____ Social Security Number: _____

Address: _____

Date of Birth: _____ Marital Status: _____

Have you enclosed your most recent income tax return? _____

If you are dependent on your parent(s) for support complete Section A. If you are independent from the support of your parent(s) complete Section B.

Section A: (If dependent on parents for support)

Total number of exemptions for family: _____

Adjusted gross income of family \$ _____

Income tax paid \$ _____

Income earned by father: \$ _____

Income earned by mother: \$ _____

Parent's marital status: _____

Number of members in the family: _____

Number of family members in college: _____

Other family untaxed income or benefits: \$ _____

Student's income earned from work \$ _____

Student's other untaxed income or benefits \$ _____

Section B: (If not dependent on parents for support)

Total number of exemptions for family: _____

Adjusted gross income of family \$ _____

Income tax paid \$ _____

Income earned by work of applicant: \$ _____

Number of dependent children: _____

Child support received: \$ _____

Student's other untaxed income or benefits \$ _____

Student's cash, savings, and checking: \$ _____

Student's real estate and investment value (other than home) \$ _____

Student's real estate and investment (Other than debt) \$ _____

Student's business value: \$ _____ Student's business debt: \$ _____

Please attach the most recent IRS return with this financial data sheet. This can be the one from last year